

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4373AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2009
NAME OF PROVIDER OR SUPPLIER HERITAGE PARK GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1286 MOUND HOUSE STREET LAS VEGAS, NV 89110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on August 6, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for six Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A.</p> <p>There were no complaints investigated.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 105 SS=D	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on record review on 8/6/09, the facility</p>	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 failed to ensure 1 of 3 caregivers met background check requirements (Employee #3 - No documentation of response from FBI). Severity: 2 Scope: 1	Y 105		
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by:	Y 106		
Y 451 SS=F	449.231(2)(a)-(f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation;	Y 451		

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Y 451	Continued From page 2 and (f) A thermometer or device that may be used to determine the bodily temperature of a person. This Regulation is not met as evidenced by: Based on observation on 8/6/09, the facility failed to have a first aid kit available with the required components (no CPR mask/shield). Severity: 2 Scope: 3	Y 451		
Y 620 SS=D	449.2702(4)(a) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast. This Regulation is not met as evidenced by: Based on record review and interview on 8/6/09, the facility failed to ensure bedfast residents were not admitted to the facility for 1 of 4 sampled residents. Findings include: Resident #1 was admitted to the facility on 5/5/09 with diagnoses of renal failure urinary tract	Y 620		

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Y 620	Continued From page 3 infection and history of fracture hip. Resident #1 was bedfast and on hospice. Interview with Employee #2 on 8/6/09 at 12:45PM indicated that Resident #1 was bedfast prior to admission. Employee #2 further indicated that he was unaware that he could not admit a resident that was bedfast. On 6/8/09 Employee #2 faxed a request to the Bureau to obtain a bedfast/hospice resident. Severity: 2 Scope: 1	Y 620		
Y 698 SS=D	Residents Requiring use of Oxygen-Storage 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; This REQUIREMENT is not met as evidenced by: Based on observation on 8/6/09, the facility did not ensure oxygen tanks were secured in a rack or to the wall in 1 of 3 resident rooms in which oxygen was being stored (bedroom #4). Severity: 2 Scope: 1	Y 698		

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